

## PART B - FEE(S) TRANSMITTAL

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transmitted to the USPTO (571) 273-2885, on the date indicated below. 7590 021394 ARTHROCARE CORPORATION 680 VAQUEROS AVENUE SUNNYVALE, CA 94085-3523 MICHALE NICEL (Signature (Date 06 ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 7304 07/02/2003 Ronald A. Underwood 10/613,609 TITLE OF INVENTION: METHOD FOR TREATING OBSTRUCTIVE SLEEP DISORDER INCLUDES REMOVING TISSUE FROM THE BASE OF TONGUE 05/09/2006 TBESHAH2 00000096 500359 10613609 DATE DUE PUBLICATION FET FC: 150 TOTAL FEE GABLEON DA ISSUE FEE APPLN. TYPE SMALL ENTITY 02 FC:1504 \$1700300.00 DA 05/08/2006 NO \$1400 nonprovisional CLASS-SUBCLASS ART UNIT **EXAMINER** 606-045000 3739 PEFFLEY, MICHAEL F Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list RICHARD R. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE CALIFORNIA JUNNUVALE HRTHROCARE CORPORATION ☐ Individual Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is bereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0359 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application Identified above.

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